January 29, 2016

Delivered via email: chronic_care@finance.senate.gov

The Honorable Orrin G. Hatch
Chairman
Senate Finance Committee
U.S. Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee
U.S. Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Johnny Isakson
Senate Finance Committee
U.S. Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mark Warner
Senate Finance Committee
U.S. Senate
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson, and Senator Warner:

Thank you for the opportunity to provide feedback on the Senate Finance Committee's Bipartisan Chronic Care Working Group's Policy Options Document. CenseoHealth (Censeo) appreciates the Working Group's efforts to work with stakeholders to develop proposals that improve the way care is delivered to Medicare members with chronic disease, and we believe that our extensive experience offering physician house calls to Medicare members is likely to be helpful to the Committee. We look forward to working with you on this effort moving forward.

Background on Censeo

Serving plans with a combined enrollment of over 6.5 million Medicare Advantage (MA) members, Censeo changes the way health care organizations interact with their members by providing physician visits in a home setting. The core of our service is a physician house call that we conduct on behalf of MA health plans and physician groups. Over the course of approximately one hour, our physicians conduct a comprehensive evaluation of the member's health, family history, living arrangements and medication use, as well as a frailty assessment, depression screening and much more. Our physicians perform comprehensive histories and physicals, as well as various other needed health assessments (e.g., cholesterol check, hemoglobin checks, etc.). Our assessments identify gaps in care, and take a snapshot of members' health status, including potential risks and case management opportunities.

These insights are shared with the member, his/her primary care provider (PCP) (when possible), and the health plan, often resulting in care planning and enrollment in care/case management programs. In addition to these evaluations, our physicians have also triaged services for acute and/or life-threatening patient needs (e.g., 911 calls) for many members at the point of care. Our findings help enhance member engagement, improve quality and reduce overall health care costs.

Building on our existing home visit program, we have recently launched several new primary care pilots aimed at increasing access to care outside the doctor's office. For example, in partnership with a medical group in Northern California, we are working to reach and treat patients with undiagnosed depression. The literature suggests that as much of 35 percent of the senior population is living with depression, although the diagnosis rate is only 11 percent in MA and 7 percent in fee-for-service Medicare. Censeo is working with the medical group to send doctors into the home of patients who have been identified as at-risk for depression, ensuring that they receive appropriate care in a setting that meets their needs. We also have pilots focused on ensuring access to primary care in community-based settings and the workplace.

Reflecting our unique expertise working with patients with chronic disease, our specific feedback regarding several of the policy options presented by the Working Group in its options paper is below.

Receiving High Quality Care in the Home

We applaud the Working Group for recognizing the value of home-based care. We agree that the benefits of home-based care as outlined by the Working Group ("allow[s] providers to spend more time with their patients to better coordinate health care services, perform medical and functional assessments in a familiar and safe environment, and accept increased accountability for all aspects of the patient's care plan").

In addition to the above benefits, our data shows that home-based care can result in improved outcomes across age bands, but particularly for older and sicker patients. Across all age bands, patients who received a home visit were 9 percent less likely to visit the emergency room in the subsequent year. They were also 8 percent more likely to see a physician post-home visit compared to patients who declined a visit, and 65 percent more likely to see a physician post-home visit compared to patients who were unreached.

These benefits are even more pronounced when considering age and number of co-morbidities. Patients who were 85 or older were 14 percent more likely to see a physician post-home visit than patients who declined a visit, and over 60 percent more likely to see a physician than those patients who were unreached. In addition, patients with 12 or more diagnoses are 2.5 percent more likely to visit a physician within 30 days of a home visit than those who declined a visit and 57.4 percent more likely than those who were unreached.

Finally, patients with chronic conditions are more likely to seek treatment within 100 days following an in-home assessment. Specifically, patients who have received a home visit realize a:

- 27 percent increase in congestive heart failure (CHF) treatment;
- 27 percent increase in depression treatment;
- 18 percent increase in diabetes treatment; and
- 23 percent increase in hypertension treatment.

Adapting Benefits/Expanding Supplemental Benefits to Meet the Needs of Chronically Ill MA Enrollees

We believe that MA currently ensures that patients with chronic disease receive needed care. However, if the Working Group decides to pursue proposals that give MA plans the flexibility to establish a benefit structure that varies based on chronic conditions

of individual enrollees, we believe that the Committee should focus on benefits aimed at addressing unmet socioeconomic needs and/or treatment and prevention of chronic disease, including disease management programs and programs designed to cover gaps in care.

As evidenced by the recent announcement of the Accountable Health Communities demonstration project by CMS, it is clear that unmet socioeconomic needs – i.e., adequate housing, reliable transportation, etc. – can have an impact on one's health. One recent study by Massachusetts General Hospital found that almost 14 percent of patients treated at their two affiliated primary care practices between October 2013 and April 2014 had at least one unmet socioeconomic need. We believe that allowing MA plans to include additional benefits that address these needs is an important step that builds on Congress's earlier work to authorize special needs plans and reflects the reality that different patients have different needs.

We also support increased flexibility to allow MA plans to offer additional and more targeted disease management programs. 12 percent of Censeo's home visits result in a case management opportunity, which suggests that there continues to be a need.

Ensuring Accurate Payment for Chronically Ill Individuals

Finally, we support proposals to include functional status in the MA risk adjustment methodology, and believe that the home is an ideal setting in which to assess how well a patient is able to carry out activities of daily living. Our physicians spend approximately an hour with each patient, and are expressly instructed to gather information indicating how well each patient is able to perform activities of daily living.

Further, there are many things that a physician can do in the home that he or she cannot do in the office. For example, a physician practicing in the patient's home is able to look in their medicine cabinet to assess what medications the patient is taking, and reconcile what he or she finds with the information recollected by the patient. The physician is able to visually inspect where the patient sleeps, what the patient eats, and other circumstances of daily living. The physician is also able to assess potential fall risks first hand, and how well the patient carries out various personal tasks.

We believe that functional status measures should thus reflect information gathered in a patient's home, and be incorporated into the MA risk adjustment methodology to help ensure accurate measurement of a patient's risk for illness.

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Thank you for considering our feedback. We welcome the opportunity to collaborate with the Committee as it works to improve chronic care in Medicare. If you have questions about Censeo's work or our comments, please do not hesitate to contact me at ngoldstein@censeohealth.com or 202-390-2258.

Sincerely,

Nathan Goldstein
Chief Strategy Officer